Finding Systematic Reviews using PubMed

GEMP 2
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PubMed

http://www.pubmed.gov?holding=izawitlib_fft

- Make sure that you are using a version of PubMed that is linked to WHSL’s full text holdings (either by accessing via the University Library site, via the GEMP site, or via a WHSL LibGuide)
- For Remote Access Remember to Use your Library PIN
Method 1: Using the Systematic Review Filter

[Image of PubMed website with highlighted search bar and MeSH term 'gastroesophageal reflux']
Make sure that you select the MeSH term required by clicking the box.
Result: 19774 articles

Filter results (Limit)
Publication Dates
Publication Dates

- 5 years
- 10 years
- Custom range ✅
Custom date range for last two years

Specify Custom Date Range

2010 01 01 to 2012 05 31

Apply Clear
Results reduced to 1781 articles by application of two year custom date range filter.

The selected filter is shown under your Results, and also by a ticked highlighted selection on the left of the screen.
Other Filters (Limits)

- Species (Human; Other Animals)
- Article Types (includes Systematic Reviews)
- Languages
- Choose additional filters ...
Results reduced to 103 articles by adding filters selected from the left of the screen.

Activated filters shown here.

Active filters also shown here: highlighted and ticked.
If the age group required is not Middle Aged 45-64, but Aged 65+ years, then click on more
If **additional filters** are selected, note that the filters that are already listed under the filter selected have been ticked in the box that appears. You will need to delete these age groups if they do not apply and select the ages you want before clicking on Apply.
Deselect Middle Aged: 45-64 years
Select Aged 65+ years and Apply
Then select this age group by clicking on it.
Results: 11 Systematic Reviews

- Filters activated: Publication date from 2010/01/01 to 2012/05/31, Humans, Systematic Reviews, English, Aged: 65+ years

Active filters (limits)

- From 2010/01/01 to 2012/05/31
- Humans
- Systematic Reviews
Active filters also shown on side of screen and can be cleared/changed here individually as well.
Using Filters

- For your first searches, you will need to activate filters and add the ones you require by clicking on *Choose Additional Filters*.
- The more you search PubMed, the more your filter choices will be remembered, and the less need to choose additional filters.
- Moral: Use PubMed often 😊...

Systematic Reviews

- Using the systematic review filter does not automatically find a Cochrane Review
- A Cochrane Review may not have been written on your topic with your specific filters
- Systematic reviews also appear in the journal literature
PPI therapy: when to worry about fracture risk.

Heidelbaugh JU.

Department of Family Medicine, University of Michigan Medical School, Ann Arbor, MI, USA. jheidel@umich.edu

PMID: 21544271 [PubMed - indexed for MEDLINE]

Related citations in PubMed

- Proton pump inhibitors: balancing the benefits and potential fracture risk [CMAJ. 2008]
- I read that the acid-suppressing drugs that I take ... [Mayo Clin Health Lett. 2007]
- Bone up on proton pump inhibitors and fracture risk. [Nursing. 2007]
- Review Prescribing proton pump inhibitors: is it time to pause [Drugs. 2012]
- Review Potential adverse effects of proton pump inhibitors [Curr Gastroenterol Rep. 2008]

Recent activity

- PPI therapy: when to worry about fracture risk.
- Predictors of long-term outcome after laparoscopic...
Method 2: Using Clinical Queries
In this method, do not click the box but click the term itself.
Then click Clinical Queries
The first 5 of 539 systematic reviews are shown.

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Details</th>
</tr>
</thead>
</table>

[See all (7339) for more results.]

Gastro-oesophageal reflux disease is associated with up-regulation of desmosomal components in oesophageal mucosa.


Cell proliferation of esophageal squamous epithelium in erosive and non-erosive reflux disease.


Nocturnal asthma.


Risk factors for neoplastic progression in Barrett's esophagus.


Compound heterozygous deletion of NRXN1 causing severe developmental delay with early onset epilepsy in two sisters.

Results: 5 of 7339

Diagnosis and treatment of depression in adults with comorbid medical conditions: a 52-year-old man with depression.


Reflex drugs linked to C. difficile-related diarrhea.


Difficult and severe asthma in adults: definition, diagnosis and treatment.


Electroacupuncture at "Zusanli" (ST 36) can inhibit frequencies of transient lower esophageal sphincter relaxation induced by gastric distention in cats.


See all (7339)

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Results: 5 of 539

Systematic review: the treatment of noncardiac chest pain with antidepressants.


US prevalence of upper gastrointestinal symptoms: a systematic literature review.


Comparison of the Pediatric Voice Handicap Index with perceptual voice analysis in pediatric patients with vocal fold lesions.


Chronic cough and OSA: a new association?


Association between otitis media and gastroesophageal reflux: a systematic review.


See all (539)

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Results: 5 of 351

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See all (351)
Now add filters (limits)
Is it Necessary to Add the Systematic Review Filter??
Proceed as for Method 1 once articles are retrieved.
WITHDRAWN: Interventions for dysphagia in oesophageal cancer.

Sreedharan A, Harris K, Crellin A, Forman D, Everett SM.

Department of Gastroenterology, United Lincolnshire Hospitals NHS Trust, Lincoln County Hospital, Greetwell Road, Lincoln, Lincolnshire, UK, LN2 2YE.

Abstract

BACKGROUND: The majority of oesophageal and gastro-oesophageal cancers are diagnosed at an advanced stage and palliative treatment is the realistic management option for most patients. The optimal intervention for the palliation of dysphagia in these patients has not been established.

OBJECTIVES: To systematically analyse and summarise the efficacy of different interventions used in the palliation of dysphagia in primary oesophageal carcinoma.

SEARCH STRATEGY: We undertook a search according to the Cochrane Upper Gastrointestinal and Pancreatic Diseases model using the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), MEDLINE, EMBASE and CINAHL and major conference proceedings up to August 2005. The literature search was re-run in August 2006 and March 2007.

SELECTION CRITERIA: Randomised controlled trials (RCTs) in patients with inoperable or unresectable primary oesophageal cancer who underwent palliative treatment. We included rigid plastic intubation, self-expanding metallic stent (SEMS) insertion, brachytherapy, external beam radiotherapy, chemotherapy, oesophageal bypass surgery, chemical and thermal ablation therapy, either head-to-head or in combination. The primary outcome was dysphagia improvement. Secondary outcomes included recurrent dysphagia, technical success, procedure related mortality, 30-day mortality, adverse effects and quality of life.

DATA COLLECTION AND ANALYSIS: One author assessed the eligibility criteria of each study and extracted data regarding outcomes and factors affecting risk of bias.

MAIN RESULTS: We included 2542 patients from 40 studies. SEMS insertion is safer and more effective than plastic tube insertion. Thermal and chemical ablative therapy provide comparable dysphagia palliation but have an increased requirement for re-interventions and adverse effects. Anti-reflux stents provide comparable dysphagia palliation to conventional metal stents. Some anti-reflux stents might reduce gastro-oesophageal reflux compared to conventional metal stents. Brachytherapy might be a suitable alternative to SEMS in providing a survival advantage and possibly a better quality of life.
Interventions for dysphagia in oesophageal cancer

Aravamuthan Sreedharan1,*, Keith Harris2, Adrian Crellin3, David Forman4, Simon M Everett5

Editorial Group: Cochrane Upper Gastrointestinal and Pancreatic Diseases Group

Published Online: 16 FEB 2011
Assessed as up-to-date: 5 MAY 2007
DOI: 10.1002/14651858.CD005048.pub3

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This article has no abstract.
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The review was withdrawn in January 2011 while the results of a recent literature search are incorporated.

What's new

Last assessed as up-to-date: 5 May 2007.

Date  Event  Description
4 January 2011  Amended  Review withdrawn
The editorial group responsible for this previously published document have withdrawn it from publication.

**Reason for withdrawal**

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**What's new**

Click on Other Versions to see earlier versions of this Systematic Review.
Note Warning that this is Not the Most Current Version